

July 31, 1998

Refer to:
MB:CF
MO WA 0026.90.R3

Gary J. Stangler, Director
Missouri Department of Social Services
P.O. Box 1527
Broadway State Office Building
Jefferson City, Missouri 65201-1527

Dear Mr. Stangler:

I am pleased to inform you that your request for the renewal of Missouri's home and community-based services waiver for the Elderly and Disabled authorized under the provisions of section 1915(c) of the Social Security Act (the Act) has been approved. This waiver has been assigned control number 0026.90.R3.

Specifically, you submitted a request to provide homemaker, respite care, chore, specialized medical equipment and supplies and private duty nursing services. You requested a waiver of 1902(a)(10)(B) to deliver services to aged (age 65 and older) and disabled individuals.

Based on the assurances and additional information provided, the waiver renewal request is approved for a 5-year period, effective April 22, 1998.

The following estimates of utilization and cost of waiver services have been approved:

	<u>C</u>	<u>x</u>	<u>D</u>	<u>Total</u>
(04/22/98-04/21/99) Year 1	23,549		2,255	53,104,160
(04/22/99-04/21/00) Year 2	27,846	2,316		64,494,683
(04/22/00-04/21/01) Year 3	32,927	2,420		79,687,380
(04/22/01-04/21/02) Year 4	38,935	2,529		98,459,733
(04/22/02-04/21/03) Year 5	46,040	2,642		121,659,129

The waiver renewal request conforms to the requirements of the statute and Medicaid regulation. We appreciate the effort and cooperation provided by your staff.

Sincerely,

Joe L. Tilghman
Regional Administrator

cc: Gregory Vadner
bcc:
Mary Jean Duckett
Luce
Taggart/Weidler/Morris
FINKLE:pl January 21, 2003:MO 002690R3

Home and Community-Based Services
WAIVER RENEWAL
Missouri 0026.90.R3

WAIVER REQUEST - EXECUTIVE SUMMARY

STATE: Missouri

WAIVER NO. 0026.90.R3

1. TYPE OF REQUEST

Initial ___ Renewal X Amendment ___ Modification ___ Extension ___

2. TARGET POPULATION

Aged/Disabled X MRDD ___ AIDS ___ OTHER ___

3. WAIVER SERVICES

___ Medical Case Management

___ Personal Care

___ Day Treatment

X Respite Care

X Homemaker/Chore

___ Habilitation

X Other (specify)

Specialized medical

Equipment and supplies,

Chore and Private Duty

Nursing

4. EFFECTIVE DATES

Initial Waiver 04-22-82

This Request 04-22-98

5. RECOMMENDATION - APPROVAL X DISAPPROVAL ___

Rationale: The Missouri Elderly/Disabled waiver fills a need for services to prevent institutionalization of aged and disabled individuals in Missouri who meet an institutional level of care but choose to remain in the community. The waiver has expanded over the past sixteen years and has been amended several times to arrive at the present mix of services. Respite services have been expanded to include advanced respite and nurse respite to meet the needs of recipients with special needs and those in need of skilled nursing care. The new respite services are modeled after identical services provided by the Missouri Division of Aging. The HCBS team has reviewed the renewal package and recommends approval.

The Medicaid HCBS waiver review team has reviewed the above waiver and has found that the waiver meets the requirements of the Act and Regulations.

<u>Waiver Team Member</u>	<u>Signature</u>	<u>Date</u>
Carol Finkle, Team Leader	_____	_____
Sharon Taggart, Services	_____	_____
Sharon Morris, Quality	_____	_____
Tim Weidler, Financial/Formula	_____	_____